



AHCCCS NPI - HIPAA Consortium

January 23, 2007

2:00 PM to 3:00 PM

AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Facilitator:

Lori Petre

Handouts:

Meeting Minutes 12/20/06

AHCCCS NPI Key Updates, January 23, 2007

AHCCCS PMMIS – Provider Type NPI Indicator, as of 1/16/2007

AHCCCS NPI Fact Sheet

AHCCCS HIPAA NPI Testing (criteria)

HIPAA Updates, January 2007

National Poan and Provider Enumeration System (statistics by state and entity type)

WEDI – schedule of upcoming meetings

Attendees:

(Based on sign-in sheets)

ABRAZO HEALTH

*Jim Ten Eyck**

*JoAnn Ward**

ADES

Brian Lensch

Stan Hime

ADHS

*Dianna Gates**

Jerri Gray

*Paula Rendfeld**

Dimiter Pekin

Ian Hubbert

Kevin Gibson

AHCCCS

Peggy Brown

Deborah Burrell

Dwanna Epps

Leroy Geske

Patti Goodwin

Lynn Hopkins

Ester Hunt

Mary Kay McDaniel

Jacqueline McElroy

Lori Petre

Brent Ratterree

Teresa Stanfill

AMERICHOICE

*Schemell Moore**

CAPSTONE

Lydia Ruiz

CENTENE CORP

Kaaren Iverson

Carrie Skoog-Boutajrit

COCHISE HEALTH SYS

*Marcia Goerdts**

*Barbara Jones**

*Paula Saroff**

HEALTHCHOICE

Jesse Perlmutter

MAXIMUS

Diane Sanders

PIMA HEALTH SYS

*Antonio Estrada**

*Susan Harrison**

PINAL

*Cheryl Davis**

*Jennifer Schwarz**

SCAN HEALTH PLAN

*Julie Shannon**

*Kathy Thurman**

Nathan Wheeler

SCHALLER ANDERSON

Todd Cassel

Cathy Jackson-Smith

UHC

*Beverly Duffy**

*Lucy Markov**

Sean Steppe

UPH

Kathy Steiner

UNITED DRUGS

*Alfonso Munguia**

Liz Schrader

YAVAPAI

*Becky Ducharme**

**teleconference attendance*

Arizona NPI Technical Consortium
January 23, 2007, 2:00-3:00 pm

Welcome

Lori expressed her regrets at Denny Bierl's departure, wishing him well in his new ventures, and announced that she will serve as the facilitator for this and future meetings.

Overall NPI Status

Lori Petre

- Overall NPI Status....Today's handouts include a Table of Contents, Key Updates pertinent to health plans and program contractors, and a *current* list of Provider Type NPI Requirements from the PMMIS tables.
- Upcoming Testing....AHCCCS changes are in and health plans are encouraged to test when ready. If an encounter submitted now without an NPI reappears for an adjustment after May 23, it will have to have an NPI for that adjustment.
- Atypical Enumeration Statistics....Handout provided
- NPI Status Information....Within the coming weeks, key contracts for status information for NPI, including the contract that will handle the inquiries on the Provider side, will be sent out by email.
- Upcoming Meetings....Individual meetings will be scheduled with chief health plans and program contractors to discuss current NPI status: challenges in outreach, things accomplished successfully, what AHCCCS can do to help, and testing issues.
- NPI Fact Sheet....At the last Consortium meeting, a draft of the Fact Sheet was distributed as a result of a prior request for a summary information sheet for outreach purposes. Soft copies can be made, in part or in entirety – subsequent revisions will be forthcoming.
- New Web Postings....Two items planned for new construction are 1) frequently-asked questions and 2) NPI specific testing. See <http://www.ahcccs.state.az.us/HIPAA/>.
- Issue of Validation....To safeguard validity, current AHCCCS policy acceptance of NPI information requires that either the information be submitted by an authorized signer or that a copy of the actual notification statement from the provider be submitted.
- The Countdown....After March 1, AHCCCS will require all new registrations for covered provider types to include the NPI. It will be vital that the NPI be in both the claim and encounter side. Currently 15 days are required to input an NPI in the system. Based upon estimates, late submissions of NPI in May could require 30-60 days. Beginning next week, the list of providers will be available on the STP server on a weekly basis.
- About Reports....The NPI Milestone Tracking Report needs to be submitted timely. Also, the changes in the contracts for status reports, or for the providers, need to be relayed to AHCCCS so that information being communicated to providers in referring them, get referred to the right places.
- Last Word on Testing....All tests have been performed and the control group scenarios will soon be available. The NPI test environment mirrors NPI in production – so when sending to test, only send those providers with NPIs that AHCCCS knows.
- Questions and problems? Email the HIPAA Workgroup or lori.petre@azahcccs.gov.

Arizona NPI Technical Consortium
January 23, 2007, 2:00-3:00 pm

NPI Standards Body Activities

Mary Kay McDaniel

1. National Uniform Billing Committee (NUBC)

The UB04 form is new and published and here. To dispel any confusion, be aware that the old form has no place for the NPI - the new forms have to be used. The UB04 has its own companion 1500 instruction manual version 2.0. There is a seeming lack of concern on the part of the health plans about this change.

“Are your systems set to allow unlimited diagnosis codes and can we expect those on encounters now for complicated cases?”

Do you have a list of the changes that will need to be put in place for the UB04?

What will you do with the right-hand side space that used to hold the instruction about co-pay and deductible amount? That field is gone – You really need to look at these forms.

Condition codes are valuable and allowed on a professional claim form electronically – but not on the paper.”

2. ADA Dental Claim

The ADA Dental Claim was valid for use as of January 1, 2007. There are three forms for review at <http://www.ada.org/prof/resources/topics/claimform.asp>.

3. Atypical Provider Enumeration

There is an organization called Enumeron using the number space of #9. Their purpose is working with the Medicaid Integrity Program about enumerating atypical providers. If any health plan has input or additional information, please contact Mary Kay. Medicaid is trying to be sensitive to the need for this type of provider as well as the standard health care service provider. The Integrity Medicaid Program is recognizing that atypical providers are going to be the *greatest current challenge*. There will be duplication of the Medicare Program as far as the Integrity Program but with recognition that “atypicals” are unique to the Medicaid world. Enumeron’s efforts may solve some of the issues of atypical providers crossing borders and help in rolling up claims at a national level. See http://www.cms.hhs.gov/DeficitReductionAct/02_CMIP.asp.

4. CMS NPI Timeline

Though it is not know what will happen at a national level, CMS is not backing off on their deadlines. Large provider systems that have enumerated are not sure about sharing. Others are completely confused that they will have to share that number. The large systems have processes in place and have been sending out emails or letters to all of their payors, i.e., “here is what is done and here are our ID numbers.” Other states have put consortiums together to help providers.

May 23, 2007 is going to be a really interesting date. So far, the period is not extended. This means that if a recipient walks into a pharmacy with a prescription that doesn’t have an NPI on it on it or the pharmacy doesn’t have that prescriber’s NPI, that script will not be filled. As of May 23, the national switches will turn on at midnight.

The NCPCP has been active in contacting their constituency to make them understand how the system will work. There will not be a DEA number on a claim. There is no reason now to have a DEA number on any type of claim. Some payors are actually setting up early and have decided they do not want claims in their system that do not have NPIs and are pulling the switch as early as March 1. The CMS FAX 5816 has been updated to clearly indicate the DEA number cannot be used.

Arizona NPI Technical Consortium
January 23, 2007, 2:00-3:00 pm

5. Enumeration Statistics for Arizona

Today's count is 24,442 individual providers enumerating in the state of AZ with 66,090 organizational providers in the system.

WEDI SNIP NPI Workgroup and NDCDP have updated the impact of the NPI on the pharmacy services sector.

6. Taxonomy Codes

Providers are beginning to realize that payors need taxonomy codes to drive payment. There are fee schedules that follow the provider, based upon the individual provider's fit, which payors require for billing purposes. Challenges are surfacing because the payors did not convene to decide on a process: "have one NPI but depending on whom I am billing and how I am billing and what code I am billing, I now have to use taxonomy codes." Payors now realize that NPI does not contain a provider bite or a location chart. If there is a need to know where a service was performed and it happens to be the provider's office, and the provider has 4 or 5 different offices, there really is no way to get that off of the claim, so the payor will have to drop down to additional information. The electronic transaction states "a service facility is one that is not the member's place of residence or the provider's office."

7. Referring Providers

The diagnostic labs are having severe difficulty over referring providers. The big hospitals getting referring providers from all over the US and Hawaii face the challenge of how to get the referring NPIs. Specialized labs accepting referrals from overseas will require a referring provider NPI as of February 2 on the new orders coming in to them.

8. Risk Management Questions

"Given any thought to the risk management around the continuation of the dual release period?

Are you prepared to test those providers between now and the end of the period?

What kind of test plans is in place with your providers who make claims for you?

Are you prepared to staff them for additional time?"

There are currently two clearinghouses in AZ who will not allow a claim to come through on May 23, 2007 without an NPI.

9. Scenario Testing

For those who have a reimbursement that is based upon the location or the taxonomy code or group billing and rollup, it is crucial that they really test. There have been troublesome irregularities in how some providers are enumerating. For example, if a big hospital system has chosen to use their organization number as their billing NPI, there is not going to be a separate NPI for a "group" billing for the claims that come in for all those providers. The Billing Provider NPI will be the NPI of the actual clinic itself. When the clinic bills, it bills on a UB. For the 1500 you'll get the organizational clinic NPI as the Billing Provider and the actual rendering provider will be the individual that 'put hands' on the patient. It might be a challenge to accept an NPI for an organization that is recognized as a UB biller as a group biller on a 1500 along with the actual physician of the rendering provider.

An example is an endocrinology clinic that may bill facility fees on a UB and has endocrinologists which bill using the 1500. Every health plan has given them a group biller number to roll up all of the individual

Arizona NPI Technical Consortium
January 23, 2007, 2:00-3:00 pm

physicians that they bill out of that clinic. The clinic's choice was not to get a separate "group billing" NP. They will be billing professional services on a 1500 claim form or 837 professional for the individual providers who are working out of their clinic with the group biller being that particular facility organizational NPI. The clinic may want the payment rolled up to the Organizational NPI and include the individual NPI as the rendering physician. When that claim comes in, there will be two NPIs. One of them is going to be one that is recognized as an organizational biller and the other as an individual physician. The clinic will want payment rolled out by the organizational NPI, which will include the tax ID, which is appropriate.

“Can your system allow an NPI both at a group level and at an individual billing provider level?”

10. Dissemination Policy

A policy will be available on Thursday. It will then be published in the Federal Register when it comes out in the afternoon.

11. Hearing on Standards and Security

NPI hearings are being held on Thursday for the National Committee of Vital and Health Statistics (NCVHS). The initial letter of recommendations, dated 11/29/06, included in today's information packet explains the Committee's purpose and conclusively sums up details about NPI preparedness. The Tentative Agenda lists websites for those who want to listen to live testimony broadcasts. A PowerPoint presentation is usually available within two days.

12. National Statistics

The total number of NPIs on a national basis as of 01/22/07 is 1,655,764. See the statistics in the table “National Plan and Provider Enumeration System” in today's information packet.

Registration Update

Valerie Noor

- Arizona statistics....There are currently 6200 NPIs on file. The bad news is that this number is less than 10% of the whole and includes some provider types that don't require an NPI but chose to get one on their own. Because there is no guarantee how long registration will take as the deadline draws closer, it is of the essence to encourage providers to send NPIs now.
- Provider Submission....What is being communicated is that the health plans are getting the NPIs but the providers are not sending them on to AHCCCS. As required documentation comes in from the providers, it should then be forwarded or faxed to us - *with the identification* of where they are coming from so we can track for duplicates.
- Non-matching NPIs....One health plan has already reported an NPI on their file that is different than what AHCCCS has on its file. It is vital that all irregular items are reported. Another approach would be to collect all issues and bring them to the individual meetings that will soon be held.
- Multiple Service Addresses....DME suppliers are registered with multiple service addresses and are getting multiple NPI numbers for each service address - yet are currently under one AHCCCS ID number.
- Application Cut-Off....As of March 1, AHCCCS will not register any provider types whose applications require an NPI number and will return them. This notice will be posted to the website.
- Authorized Signers....School districts that want to list their providers with their AHCCCS ID and NPIs, can do so as long as that person who signs the list is an authorized signer. There is a place for the provider on the AHCCCS registration application form for the provider to list an authorized signer. When that data is input, that name is also keyed in.

Arizona NPI Technical Consortium
January 23, 2007, 2:00-3:00 pm

Closing

Lori Petre

The website for quarterly updates on taxonomy codes is www.wpc-edi.com. It is all about HIPAA implementation guides. Along the left-hand side is the Washington publishing site. *See* HIPAA codes and subsequent screen for provider taxonomy codes.

The next Consortium meets on March 28, 2007. For future consideration, agenda topics do not need to be restricted to NPI matters.

Please keep attendance updated by signing in at meetings and responding to emails!

The meeting adjourned at 3:00 pm.